

STATE OF NEW JERSEY  
Business Licensing Services Bureau**CERTIFICATION OF INTERLOCK INSTALLATION  
SERVICE PROVIDER INFORMATION**

B.A.I.I.D. Manufacturer and Model Number: \_\_\_\_\_

Name of Service Center: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Date of Installation: \_\_\_\_\_

Signature of Installer: \_\_\_\_\_

**CUSTOMER INFORMATION**

Name of Registered Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Person ordered to have Interlock installed (If different from owner):  
\_\_\_\_\_**VEHICLE INFORMATION**

Make: \_\_\_\_\_ Model: \_\_\_\_\_

Year: \_\_\_\_\_ VIN: \_\_\_\_\_

License Plate #: \_\_\_\_\_

**This form must be completed for each vehicle Interlock Device that is installed and accompanied by a service invoice.**

PD 2 (R8/10)